Out-Of-State Travel Waiver Justification

000149

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details. Please answer all of the questions listed below.

Number	r of People on Trip:	2		2
Name o	f Person Attending:	Jim Schipper	Working Title: Superintendent of	Banking
Departr	nent: Commerce		Division/Bureau/Section: Banking	Division/Bank Bureau
Will this	s trip require an over	night stay outside of Iowa? No: Yes:	(If No, you do not need this waive	*)
City (Ci	ties) Traveling To:	Seattle, Washington	Dates of Travel: 5/15 to 5/19/2011	
Fundin	g Source: 🛛 Appro	opriated State:% Federal:% (If the appropriated state funds is 0% -	Other: 100% If Other, Specify: you do not need this waiver)	Industry fees authorized by appropriation
Total P	rojected Cost of Trip	(Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): 2621	.00
Does th	nis Trip Require Exec	utive Council Approval for Conference/Conventi	on? No: ☐ Yes: ☒	
	Have You Received A n for Travel Waiver (S		Sent 3/23/2011	
Ha □ pr	as potential to bring or rogram that will receive	ired duties (Cite the specific statute) 524.10 cost savings or enhanced revenues to the state (we the cost savings or enhanced revenues and ples attributable to the travel)	Cite the specific	
th	as a benefit or potent e current Executive (formation on the line	ial benefit which significantly outweighs the pot Council Fact Sheet for qualifying criteria and pro s below.	ential cost. See vide that	
Depart	ment Director Signat		Date: 3/16/2011	ihacouncil@ioum nov
	This form must be	signed by a department head or agency director	r. Email a Pur of the form to execut	IVECOUITCH(WIOWA, YOV

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000150

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details. Please answer all of the questions listed below.

Number of People on Trip: 2	
Name of Person Attending: Vaughn Noring	Working Title: Bank Bureau Chief
Department: Commerce	Division/Bureau/Section: Banking Division/Bank Bureau
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Seattle, Washington	Dates of Travel: 5/15 to 5/19/2011
Funding Source: Appropriated State:% Federal:% Source: (If the appropriated state funds is 0% - y	Other: 100% If Other, Specify: appropriation appropriation
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): 2621.00
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☑ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)	Sent 3/23/2011
Fulfills statutorily required duties (Cite the specific statute) 524.102 Has potential to bring cost savings or enhanced revenues to the state (Cite the specific statute) program that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel)	Cite the specific
Has a benefit or potential benefit which significantly outweighs the potential the current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below.	ential cost. See vide that
Department Director Signature Longo m Chepan	Date: 3/16/2011
This form must be signed by a department head or agency director	: Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: Name of Person Attending: Jessica O'Riley Working Title: Jourism Communications Manager Department: DED Division/Bureau/Section: Comm. Dev. Tourism Ves: (If No, you do not need this waiver)
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver)
City (Cities) Traveling To: Chicago, 1 Dates of Travel: Apr. 1 6-10, 2011
Funding Source: Appropriated State: 100% Federal: 100% Other: 100 of the operation of the proportion o
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):
Does this Trip Require Executive Council Approval for Conference/Convention? No: 🗌 Yes: 🔀
If Yes, Have You Received Approval? No: Yes: X If Yes, Date: Feb. 21, 201) Reason for Travel Waiver (Select one)
15 101
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific stories about luwa will increase traveler program that will receive the cost savings or enhanced revenues and provide an estimate spending in the state. In 2009, travel had of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.
Department Director Signature Date: 3-21-11 This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov
Additional information to assist you in completing this form. See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

Out-Of-State Travel Waiver Justification

000152

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	Please answer all of the ques	stions listed belov	w.		
Number of People on Trip:	1		button@dps.state.ia.us		
	Tobias Lunsford	Working Title:	Special Agent II		
Department: Department of Public Safety Division/Bureau/Section: Division of Criminal investigation					
Will this trip require an over	night stay outside of lowa? No: 🗀 Yes: 🖂		need this waiver)		
City (Cities) Traveling To: Kansas City, KS Dates of Travel: April 18-21, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)					
	opriated State:%	Other: 100% I	If Other, Specify: Gaming OT need this waiver.)		
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	als, Registration, P	Parking, etc): \$547.00		
Does this Trip Require Exec	utive Council Approval for Conference/Conven	tion? No:	Yes: 🖂		
If Yes, Have You Received	T Was Date	o:			
Has potential to bring program that will rece of the saving or reven Has a benefit or poten current Executive Co the lines below. (If no	uired duties. (Cite the specific statute.) cost savings or enhanced revenues to the state live the cost savings or enhanced revenues and lives attributable to the travel.) attal benefit which significantly outwelghs the p lives attributed by the planting criteria and provi- lives attributed by the planting criteria attribut	provide an estimate otential cost. See	the on on		
Department Director Signare Department Director Print	ed Name: Larry L. Noble		3/23/11		
This form must	be signed by a department head or agency direc	ctor. Email a PDF	of the form to executivecouncil@iowa.gov		
See	information to assist you in completing to Fact Sheet for more complete informatio ired by HF45 from March 7 until June 30, 20 is required at a location out-of-state, the tra	11.	APPROVED Executive Council		

- incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for walver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Executive Council Approval

Out-Of-State Travel Waiver Justification

000153

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	, rouge anoner an er are queen	,
Number of People on Trip:	1	Contact E-mail: Julie.Herrick@iowa.gov
Name of Person Attending:	Jack Ketterer	Working Title: Administrator
Department: Dept. of inspect	ions & Appeals	Division/Bureau/Section: Racing & Gaming Commission
Will this trip require an overni	ght stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)
City (Cities) Traveling To:	Napa Valley, CA	Dates of Travel: May 22-25, 2011
Funding Source: X Appropri	iated State: 43% Federal: X Ot (If the coding for the travel claim is appropriation	ther: 57% If Other, Specify: Jack Ketterer 0000-you do no need this waiver.)
Total Projected Cost of Trip (li	nclude Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$1,761.18
Does this Trip Require Execut If Yes, Have You Received Ap	ive Council Approval for Conference/Convention proval? No: X Yes: If Yes, Date:	
	ed duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) Racing & Gaming (App. \$35 million)		
Has a benefit or potentia the current Executive Co information on the lines.	I benefit which significantly outweighs the potel suncil Fact Sheet for qualifying criteria and provi helow.	ide that
The conference has two present	tation relating to pending legislation: "Casino Taxes	- Accentuating the Negative" and "Intrastate Internet Gaming." Also
of interest is the presentations R	eforming Regulation of the Gaming Industry - Miss	ion Impossible". There are also several sessions on Indian Gaming: urve" and "What's Happening in Indian Gaming". Mr. Ketterer
	ese seminare to the Department of Inspections & Ap	
Department Director Signature		Date: 3-2/-//
Department Director Printed N	lame:	-
This form must be si	gned by a department head or agency director.	Email a PDF of the form to executivecouncil@jowa.gov
		Executive Council Approval
 See Fac This waiver is required 	rmation to assist you in completing this fat Sheet for more complete information. by HF45 from March 7 until June 30, 2011. equired at a location out-of-state, the travel is	APPROVED Executive Council

- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

000154

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2		
Name of Person Attending: Leon J. Schwartz	Working Title: Chief Operations Officer	
Department: IPERS	Division/Bureau/Section:	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: Toronto, ON	_ Dates of Travel: May 8-12, 2011	
Funding Source: Appropriated State:%	Other:% If Other, Specify:100% IPERS Trust Fund you do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$1,868.91	
Does this Trip Require Executive Council Approval for Conference/Convention		
ii res, nave rou reserva riprovan	March 21, 2011	
Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute) lowa Coc		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
IPERS has a contract with CEM Benchmarking located in Toronto and the annual fee covers all registration/meal costs for up to three staff to attend their Global Conference. IPERS uses CEM benchmarking services to identify and implement best practices related to pension benefit administration which is the focus of the conference. The FY10 report listed IPERS as the lowest cost system in our peer group but still providing above median service. Mr. Schwartz manages the benchmarking services for IPERS and has been asked to facilitate a hot topic session relating to pension administration at the conference. Best practices for cost containment, service offerings, and communication strategies will be discussed. This opportunity to learn and network with pension systems from around the world that are facing similar challenges to IPERS is unique. The conference is co-hosted by the Ontario Municipal Employees Retirement System where best practices presentations and tours of their operational facilities will provide an opportunity not available elsewhere.		
Department Director Signature Donne MMuiller	Date: 3/23/11	
This form must be signed by a department head or agency director	. Email a PDF of the form to executivecouncil@iowa.gov	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

000155

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

•			
Number of People on Trip: 2			
Name of Person Attending: Judy Akre	Working Title: Communications Director		
Department: IPERS	Division/Bureau/Section:		
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)		
City (Cities) Traveling To: Toronto, ON	Dates of Travel: May 8-12, 2011		
Funding Source: Appropriated State:%	Other:% If Other, Specify: 100% IPERS Trust Fund you do not need this waiver)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$1,868.91		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ⊠		
	March 21, 2011		
Fulfills statutorily required duties (Cite the specific statute) lowa Coc	de 97B.4		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
IPERS has a contract with CEM Benchmarking located in Toronto and the annual fee covers all registration/meal costs for up to three staff to attend their Global Conference. IPERS uses CEM benchmarking services to identify and implement best practices related to pension benefit administration which is the focus of the conference. Specific communications best practices learned from CEM in the past include significant improvements in IPERS member's annual statements and a sharper focus on the timing of when members can best use information from IPERS. Ms. Akre is responsible for providing the best member and employer communications at the lowest possible cost. This conference will highlight proven communication best practices in the public pension industry including sessions on social media and member communication, managing member relationships, the importance of a cost effective yet member service focus, and the use of digital customer service to reduce pension administration costs. This opportunity to learn and network with pension systems from around the world that are facing similar challenges to IPERS is unique. The conference is co-hosted by the Ontario Municipal Employees Retirement System where best practices presentations on their integrated member communications strategy and their evolving corporate communications program along with tours of their operational facilities will provide an opportunity not available elsewhere.			
Department Director Signature Oonne MMustles Date: 3/23/11			
This form must be signed by a department head or agency director	r. Email a PDF of the form to executivecouncil@jowa.gov Executive Council Approval		
Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Thursday at 12:00 noon.	form. APPROVED Executive Council is considered MAR 2 8 2011 iver justification		
due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.			

Out-Of-State Travel Waiver Justification

000156

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3	Contact E-mail: Beth.hirst@blind.state.ia.us			
Name of Person Attending: Beth Hirst	Working Title: Library Supervisor			
Department: Iowa Department for the Blind	Division/Bureau/Section: Library			
Will this trip require an overnight stay outside of lowa? No:	☐ Yes: ☐ (If No, you do not need this waiver)			
City (Cities) Traveling To: San Diego, CA	Dates of Travel: 05/02/2011 – 05/06/2011 (If after June 30, 2011 – you DO NOT need this waiver.)			
Funding Source: Appropriated State: 4% Federal: 96% Other:% If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)				
Total Projected Cost of Trip (Include Transportation, Mileag	e, Lodging, Meals, Registration, Parking, etc): 2,690.00			
Does this Trip Require Executive Council Approval for Conf	ference/Convention? No: 🗌 Yes: 🖂			
If Yes, Have You Received Approval? No: 🖂 Yes: 🗌	If Yes, Date:			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statement)	atute.)			
Has potential to bring cost savings or enhanced reven program that will receive the cost savings or enhanced of the saving or revenues attributable to the travel.)	ues to the state. (Cite the specific			
Has a benefit or potential benefit which significantly o current Executive Council Fact Sheet for qualifying crithe lines below. (If nonrefundable ticket is the justification)	iteria and provide that information on attended attended to the state of purchase is required.)			
application submitted in June. 2010, which was	or Becky Criswell, Beth Hirst, and Megen Johnson was budgeted in a federal grant			
approved by the federal agency on that basis. Further, the the department has already expended sufficient funds to move the need to upgrade the technology skills of the staff department's training needs.	entire grant for the current year requires a matching commitment of only \$797 and neet the matching requirement. The above reference grant application especially as well as the need for succession planning and leadership training among the			
The training comes at a very small cost at this point, and the	nerefore, the benefits far surpass the expense.			
	Date: 03/23/2010			
Department Director Printed Name: Karen Keninger				

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000157

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3	Contact E-mail: Becky.criswell@blind.state.ia.us
Name of Person Attending: Becky Criswell	Working Title: Independent Living Supervisor
Department: Iowa Department for the Blind	Division/Bureau/Section: Field Operations
Will this trip require an overnight stay outside of lowa? No: Yes:	(If No, you do not need this waiver)
City (Cities) Traveling To: San Diego, CA	Dates of Travel: 05/02/2011 – 05/06/2011
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State: 4%	Other:% If Other, Specify:
Funding Source: Appropriated State: 4% Federal: 96% (If the coding for the travel claim is appropria	ation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging,	
Does this Trip Require Executive Council Approval for Conference/Con	
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, □	
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the s program that will receive the cost savings or enhanced revenues a of the saving or revenues attributable to the travel.)	tate. (Cite the specific and provide an estimate
Has a benefit or potential benefit which significantly outweighs the current Executive Council Fact Sheet for qualifying criteria and protection the lines below. (If nonrefundable ticket is the justification, date of	rovide that information on formation of form
Attendance at the National Rehabilitation Leadership Institute for Becky Cris application submitted in June, 2010, which was	swell, Beth Hirst, and Megen Johnson was budgeted in a federal grant
approved by the federal agency on that basis. Further, the entire grant the department has already expended sufficient funds to meet the mate cited the need to upgrade the technology skills of the staff as well as the department's training needs.	he need for succession planning and leadership training among the
The training comes at a very small cost at this point, and therefore, the	benefits far surpass the expense.
Department Director Signature:	
Department Director Printed Name: Karen Keninger	
	irrestor. Email a BDE of the form to executive council@iowa.gov

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APPROVED Executive Council MAR 28 2011

Out-Of-State Travel Waiver Justification

000158

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	3	Contact E-mail: Megen.johnson@blind.state.ia.us		
Name of Person Attending:	Megen Johnson	Working Title: Vocational Rehabilitation Supervisor		
Department: Iowa Departme	ent for the Blind	Division/Bureau/Section: Field Operations		
Will this trip require an overn	night stay outside of lowa? No: 🗌 Yes: 🗵	(If No, you do not need this waiver)		
City (Cities) Traveling To:	San Diego, CA	Dates of Travel: 05/02/2011 - 05/06/2011		
		(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appro	opriated State: $\underline{4}\%$ \boxtimes Federal: $\underline{96}\%$ (If the coding for the travel claim is appropriati	Other:% If Other, Specify:		
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, M	eals, Registration, Parking, etc): 2,690.00		
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☑				
If Yes, Have You Received A	pproval? No: 🛛 Yes: 🗌 If Yes, Da	te:		
Has potential to bring of	elect one) ired duties. (Cite the specific statute.) cost savings or enhanced revenues to the state the cost savings or enhanced revenues and a stributable to the travel.)	ite. (Cite the specific d provide an estimate		
the lines below. (If nor Attendance at the National Re	ial benefit which significantly outweighs the ncil Fact Sheet for qualifying criteria and pro- nrefundable ticket is the justification, date of chabilitation Leadership Institute for Becky Crisw	purchase is required.) ell, Beth Hirst, and Megen Johnson was budgeted in a federal grant		
the department has already cited the need to upgrade the department's training needs	expended sufficient funds to meet the match he technology skills of the staff as well as the s.	or the current year requires a matching commitment of only \$797 and ing requirement. The above reference grant application especially need for succession planning and leadership training among the		
The training comes at a ver	y small cost at this point, and therefore, the b	enefits far surpass the expense.		
Department Director Signat	49. ×-			
Department Director Printed	Name: Karen Keninger			
This form must be	signed by a department head or agency dire	ector. Email a PDF of the form to executivecouncil@iowa.gov		

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

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This walver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Walver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1			
Name of Person Attending:	Jody Holmes	Working Title:	CORE Un	it Manager / ICD-10 Project Manager
Department: Human Service	98	Division/Bureau	/Section:	Iowa Medicaid Enterprise Administration
Will this trip require an overr	night stay outside of lowa? No: 🗌 Yes: 🛛	(If No, you do no	ot need thi	s walver)
City (Cities) Traveling To:	Chicago, Illinois	Dates of Travel:	4/12/2011	1 – 4/14/2011
Funding Source: 🖂 Appro	opriated State: 10 % 🖂 Federal: 90% 🗀 ((If the appropriated state funds is 0% - y	Other:% If	Other, Sp is waiver)	ecify:
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Meals	, Registration, Pa	arking, etc)): \$1050785.
Does this Trip Require Execu	utive Council Approval for Conference/Convention	on? No: 🗌 Y	′es: ⊠	
If Yes, Have You Received A Reason for Travel Waiver (Se				
	red duties (Cite the specific statute)			
program that will receiv of the saving or revenu Has a benefit or potenti the current Executive C information on the lines	ost savings or enhanced revenues to the state (or the cost savings or enhanced revenues and property at the cost savings or enhanced revenues and property at the potential benefit which significantly outweighs the potential benefit said proves below. Training on the ICD-10 implementation Requirements	rovide an estimat ential cost. See vide that		diagnosis and procedure codes is a
COO Illian market over 2 year	s, and must be completed by 10/2013 according to fi states will allow lowa to more effectively manage the estment.	ederal register 45 e implementation a	CFR Part 1 and reduce	risks. Information gathered will be well
Department Director Signatu	ire Cm Palmin	_ Date:	-22	* (
This form must be	signed by a department head or agency director.	. Email a PDF of	the form to	o <u>executivecouncil@iowa.gov</u>
4				APPROVED Executive Council MAR 2 8 2011
				3.

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered

Executive Council Approval

Page 1 of 1

Out-Of-State Travel Waiver Justification

000160

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Diagon anguar all of the guestions listed below

Number of People on Trip: 2			
Name of Person Attending: Joshua Happe	Working Title: Investigator		
Department: Inspections and Appeals	Division/Bureau/Section: Investigations		
Will this trip require an overnight stay outside of lowa? No:	es: 🛛 (If No, you do not need this waiver)		
City (Cities) Traveling To: Kansas City, MO	Dates of Travel: 4/11/2011-4/15/2011		
Funding Source: Appropriated State: _% Federal: _% (If the appropriated state funds are	Other: 100% If Other, Specify: NAMFCU travel grant e 0% - you do not need this waiver)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging,	Meals, Registration, Parking, etc): \$729.00		
Does this Trip Require Executive Council Approval for Conference/Con	supposelled for 3.28		
If Yes, Have You Received Approval? No: X Yes: I If Yes, I Reason for Travel Waiver (Select one)	Date: Sciol Hilles		
☐ Fulfills statutorily required duties (Cite the specific statute)			
Has potential to bring cost savings or enhanced revenues to the significant that will receive the cost savings or enhanced revenues a of the saving or revenues attributable to the travel)	tate (Cite the specific and provide an estimate		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
Pursuant to 42 CFR 1007, OIG is delegated the authority to certify and annually recertify each MFCU and provide 75% of the MFCU funding. OIG assesses whether Units operate in accordance with 12 published performance standards and makes recommendations and, where appropriate, suggests opportunities for improvement. Performance standard # 12 requires MFCU to maintain an annual training for staff. All staff are required to attend MFCU 101 and 102. Mr. Happe has attended 101. Failure to obtain the requisite training may result in noncompliance with federal standards that could cause the loss of funds or could cause penalties to be assessed against the state.			
Department Director Signature God Goberts	Date: 3-22-//		
This form must be signed by a department head or agency dir	rector. Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

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Page 1 of 1

Out-Of-State Travel Waiver Justification

000161

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below. Number of People on Trip: 2 Working Title: Auditor Name of Person Attending: Linda Ciprich Division/Bureau/Section: Investigations Department: Inspections and Appeals Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (If No, you do not need this waiver) Dates of Travel: 4/11/2011-4/15/2011 City (Cities) Traveling To: Kansas City, MO Funding Source: Appropriated State: _% Federal: _% Other: 100% If Other, Specify: NAMFCU travel grant (If the appropriated state funds are 0% - you do not need this waiver) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$729.00 Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒ No: X Yes: If Yes, Date: Submitted for 328 If Yes, Have You Received Approval? Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See Market the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Pursuant to 42 CFR 1007, OIG is delegated the authority to certify and annually recertify each MFCU and provide 75% of the MFCU funding. OIG assesses whether Units operate in accordance with 12 published performance standards and makes recommendations and, where appropriate, suggests opportunities for improvement. Performance standard # 12 requires MFCU to maintain an annual training for staff. All staff are required to attend MFCU 101 and 102. Ms. Clorich has attended 101. Failure to obtain the requisite training may result in noncompliance with federal standards that could cause the loss of funds or could cause penalties to be assessed against the state. Department Director Signature (4 3 2 (Soberts Date: 3 - 22 - //

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

MAR 28 2011

Page 1 of 1

Out-Of-State Travel Waiver Justification

000162

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of Person Attending: Chandler Pasan Working Title: Entironmental Specialist Department: Public Duence Division/Bureau/Section: Military Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver) City (Cities) Traveling To: Nahville, The Dates of Travel: 3/25/11 — 3/25/11 Funding Source: Appropriated State: 3/25/25/25/25/25/25/25/25/25/25/25/25/25/				
Department: Public Rights State Office Division/Bureau/Section: Military Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver) City (Cities) Traveling To: Dates of Travel: 3/25/11 Funding Source: Appropriated State: %% Federal: 16.% Other: 16.0 Other: 1	Number of People on Trip:			
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver) Dates of Travel: Dates of Travel:	Name of Person Attending: Chandler Parsons Working Title: Environmental Specialist			
City (Cities) Traveling To: Machard The The Machard The Machard The Machard The Machard The Machard The Machard The The Machard The T	Department: Public Refense Division/Bureau/Section: Military			
Funding Source: Appropriated State: 25% Federal: 75% of Other:				
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Project of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Project of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Total Project of Trip (Include Transportation, Mileage, Lodging, Mileage, Lodging	City (Cities) Traveling To: Nashville, TN Dates of Travel: 3/25/11 - 3/25/11			
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:	(If the appropriated state funds is 0% - you do not need this waiver)			
If Yes, Have You Received Approval? No: Yes: If Yes, Date: 1/31/11 Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. An order has been paid for In order to get the Topic state Topic Federal match of have to repend the Topic state Department Director Signature MG Timothy Off Date: 3-8-11	Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 1335.00			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Aufare has been paid for The Order for get the Tosolo state many was self assisted for function of the state function of the state for function of the state function of the stat	Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:			
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Aufare has been paid for. In order to get the 75% state marky. Morey was set aside for training. Department Director Signature was set aside for training. Date: 3-8-11 MG Timothy Orr.				
program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Air fare has been paid for. In order to get the 75% state money more and provide that a spend the 75% state. The product of the paid for the 175% state of the paid for the 175% state. The product of the paid for the 175% state of the paid for the 175% state. The product of the paid for the 175% state. The product of the paid for the 175% state. The product of the paid for the 175% state. The product of the paid for the paid for the 175% state. The product of the paid for the pai	Fulfills statutorily required duties (Cite the specific statute)			
the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Air fare has been paid for. In order to get the 75% Tederal match we have to sepend the 75% state money. Morey was set aside for training. Department Director Signature were the part of the Bornion Date: 3-8-11 MG Timothy Off.	program that will receive the cost savings or enhanced revenues and provide an estimate			
75% Federal match we have to sepend the 75% state money. Money was set aside for training. Department Director Signature work Date: 3-8-11 MG Timothy Off.	the current Executive Council Fact Sheet for qualifying criteria and provide that			
Department Director Signature Wane Harmson Date: 3-8-11	75% Federal motch we have to papend the 75% state			
He MG Timothy Orr	O HIV			
This form must be signed by The Adjultante General director. Email a PDF of the form to executive council@iowa.gov	Department Director Signature Date:			
	This form must be signed by The Adjutante General director. Email a PDF of the form to executive council@iowa.gov			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Out-Of-State Travel Waiver Justification

000163

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:		
Name of Person Attending: Bill mul Slay Working Title: Electrician		
Department: Public Rylense Division/Bureau/Section: Mulitary		
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver)		
City (Cities) Traveling To: Speckane, Wa Dates of Travel: 3/20/11 - 3/26/11		
Funding Source: Appropriated State: 25% X Federal: 75% Other:% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 3078. 50		
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒		
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
air Pare and Registration has been paid. In order to		
1750/ State money. Required to keep Certification		
Department Director Signature Decone Damison Date: 3-8-11		
Jos. MG Timothy Off a		
This form must be signed to Adjutant General cy director. Email a PDF of the form to executive council@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Executive Council

000164

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:		
Name of Person Attending: Kevin Thomas Working Title: Electrician		
Department: Public Referse Division/Bureau/Section: Mulitary		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)		
City (Cities) Traveling To: Spokene, Wa Dates of Travel: 3/27/11 - 4/2/11		
Funding Source: Appropriated State 25 % Federal: 75 % Other: % If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):		
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:		
If Yes, Have You Received Approval? No: \(\sum \) Yes: \(\sum \) If Yes, Date: \(\sum \) \(\sum \) If Yes, Date: \(\sum		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that		
information on the lines below.		
Department Director Signature Durand James on Date: 3-8-11		
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
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Executive Council

Out-Of-State Travel Waiver Justification

000165

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:		
Name of Person Attending: Michael Vogt Working Title: Museum Curator		
Department: Public Refense Division/Bureau/Section: Military		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)		
City (Cities) Traveling To: Omaha, NE Dates of Travel: 3/2/11-3/5/11		
Funding Source: Appropriated State: S		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):		
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: 🔀		
If Yes, Have You Received Approval? No: ☐ Yes: ☑ If Yes, Date: ☐ ② ☐ ③ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
☐ Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See		
the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
The registration to this conference has been paid		
Department Director Signature Juana Somison Date: 3-8-11 For MG Timothy Orr		
This form must be signed by silisantic account agency director. Email a PDF of the form to executive council@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000166

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:		
Name of Person Attending: Kevin Jalobson Working Title: Env Specialist Z		
Department: Public Defense Division/Bureau/Section: Military		
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver)		
City (Cities) Traveling To: Nash ville, TN Dates of Travel: 3/19/11 - 3/26/11		
Funding Source: Appropriated State: 25% Appropriated State: 75% Other:% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):		
Does this Trip Require Executive Council Approval for Conference/Convention? No: 🗌 Yes:		
If Yes, Have You Received Approval? No: Yes: If Yes, Date: 31 1		
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. City Face National Park Park		
- Paralli General		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000167

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	Number of People on Trip:
	Name of Person Attending: Paula Zamora Working Title: Information technology Special
	Department: Public Refense Division/Bureau/Section: Military
	Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ဩ (If No, you do not need this waiver)
	City (Cities) Traveling To: TW80, 9x Dates of Travel: 3/16/11 - 3/21/11
	Funding Source: Appropriated State: 75% Federal: 55% Other:% If Other, Specify:
	Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):
	Does this Trip Require Executive Council Approval for Conference/Convention? No: 🗌 Yes: 🔀
	If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Fulfills statutorily required duties (Cite the specific statute)
	Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
	Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.
	Contract for training has been 5; good and obligated. Training is needed
	Contract for training has been 5; good and do ligated. Training is needed to advance the automation and transparency of the Departments of Public
	Defense business transactions, future savings will be realized by blis training.
	Department Director Signature Dum Date: 3-8-11
	The Adiptant General
	This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov
Γ	Executive Council Approval

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED

Executive Council

Out-Of-State Travel Waiver Justification

000168

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:		
Name of Person Attending: Stanley Nielsen Working Title: Electrician		
Department: Public Refense Division/Bureau/Section: Military		
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver)		
City (Cities) Traveling To: Spokane, wa Dates of Travel: 3/20/11 - 3/27/11		
Funding Source: Appropriated State: 75% Appropriated State: 75% Other:% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):		
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: X		
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate		
of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that		
information on the lines below.		
Winfare and Registration has been paid. In order to get the		
75% reduced match we have to opened the 25% state money		
Requied to keep Certification		
Department Director Signature Duane Lamisan Date: 3-8-11		
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
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Executive Council Approval

APPROVED Executive Council

000169

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2 (1 Board Member)			
Name of Person Attending: Lloyd K. Jessen	Working Title: Executive Director		
Department: Public Health	Division/Bureau/Section: Board of Pharmacy		
Will this trip require an overnight stay outside of lowa? No: Yes: x	(If No, you do not need this waiver)		
City (Cities) Traveling To: Seattle, WA	Dates of Travel: 3/24/11 to 3/29/11		
Funding Source: Appropriated State:%			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): 2,306.00		
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: x			
If Yes, Have You Received Approval? No: Yes: x If Yes, Date: 12/20/2010 Reason for Travel Waiver (Select one)			
☐ Fulfills statutorily required duties (Cite the specific statute)			
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
A nonrefundable airline ticket was purchased and a nonrefundable registration fee was paid before March 7, 2011 (total amount = \$ 967.20)			
Department Director Signature Mariannetto Mila Mila Date: March 16, 2011			
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000170

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2		
Name of Person Attending: Lynn Linder	Working Title: Operations Officer	
Department: IDPH	Division/Bureau/Section: Board of Nursing	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X	(If No, you do not need this waiver)	
City (Cities) Traveling To: Denver, CO	Dates of Travel: May 9 – May 11, 2011	
Funding Source: Appropriated State:% Federal:% (If the appropriated state funds are 0% -		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,1524.16		
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: x		
If Yes, Have You Received Approval? No: Yes: X If Yes, Date: Reason for Travel Waiver (Select one)	3/14/2011	
☐ Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
lowa is the first state to use the CSDC Amanda Licensing/ENF/CE Database and t	his is an opportunity to get other states informed of the advantage of	
the Database. The old Database is 10 years old and has not been supported for 2		
assist us in keeping data current within the compact. Tools & techniques used to in	nprove Board business & technical functionality will be presented.	
Department Director Signature Mariannette Melas, Melas	•	
This form must be signed by a department head or agency director	Empile DDE of the form to account account to	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1	Contact E-mail: bchristi@idph.iowa.gov		
Name of Person Attending:	Gail Beebe	Working Title: ITS SPEC 3		
Department: IDPH		Division/Bureau/Section: Nursing Board		
Will this trip require an overr	night stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)		
City (Cities) Traveling To:	City (Cities) Traveling To: Arlington, TX Dates of Travel: 6/11/11 – 6/16/11			
Funding Source: Appro	(If after June 30, 2011 – you DO NOT need this waiver.) Funding Source: Appropriated State:%			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea			
Does this Trip Require Execu	ntive Council Approval for Conference/Conven	ntion? No: Yes: X		
If Yes, Have You Received Ap	pproval? No: X Yes: If Yes, Date	E		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)				
Has potential to bring co	Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific			
current Executive Coun	Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
The annual CSDC Technology Application Conference provides an opportunity for CSDC clients and staff from all over North America to discuss				
AMANDA and the many ways it is used to improve efficiency and deliver citizen centric services.				
Department Director Signature: Mariannette Miller. Mecks				
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov				

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1		
Name of Person Attending: Dr. Mariannette Miller-Meeks, MD	Working Title: Director	
Department: Department of Public Health	Division/Bureau/Section: Director	
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)	
City (Cities) Traveling To: Washington, DC	Dates of Travel: March 5-11, 2011	
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: Expenses paid by ASTHO you do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$2,056.44	
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: ☐ Yes: ⊠	
If Yes, Have You Received Approval? No: ☐ Yes: ☑ If Yes, Date: 03/01/11 Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (C program that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel)	ite the specific ovide an estimate	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
All expenses for this trip were paid for by the Association of State & Territorial Health Officials. The meeting focused on shared experiences between the health officials by bringing new state health officials together with experienced colleagues who have faced similar challenges. She also received training to effectively advocate for public health. ASTHO Hill Day gave ASTHO members the opportunity to personally meet with members of their congressional delegation, many with substantial influence on public health issues.		
Department Director Signature Mariannette Miller M	Date: March 16, 2011	
This form must be signed by a department head or agency director. E	Email a PDF of the form to executivecouncil@iowa.gov	

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2		
Name of Person Attending: Amy Van Maanen	Working Title: Licensure Director, Iowa Board of Medicine	
Department: Iowa Department of Public Health	Agency: lowa Board of Medicine	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X	(If No, you do not need this waiver)	
City (Destination): Seattle, WA	Dates of Travel: 4/26/2011 - 4/30/2011	
Funding Source: Appropriated State:% Federal:% X O	Federal ARRA Grant covering \$800 (38%); Board license fees ther: 100% If Other, Specify: covering \$1,326.97 (62%)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals		
Does this Trip Require Executive Council Approval?	No: Yes: X	
If Yes, Have You Received Approval? No: X Yes: If Yes, Date: (Travel request submitted to IDPH 2/28/2011) Reason for Travel Waiver (Select one)		
☐ Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate		
of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See		
X the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
3 back-to-back mtgs: Midwest Licensure Portability Project; Administrators in Medicine (AIM); meeting of Federation of State Medical Boards (FSMB).		
lowa is stakeholder in Midwest project, which could lead to faster licensure of qual		
exchange of physician licensing information; FSMB will present model projects on physician licensure and regulation that could be applicable in lowa.		
Department Director Signature Mariamond Mica. Market Date: 3/18/11		
Agency Executive Director: Roule & Bosher Mark Bowden, Iowa Board of Medicine 03/16/2011		
This form must be signed by a department head or agency director	. Email a PDF of the form to executivecouncil@iowa.gov	

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED

Executive Council

Out-Of-State Travel Waiver Justification

000174

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2			
Name of Person Attending: Gail Beebe	Working Title: ITS SPEC 3		
Department: IDPH	Division/Bureau/Section: Nursing Board		
Will this trip require an overnight stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)		
City (Cities) Traveling To: Denver, CO	Dates of Travel: May 9 – May 11, 2011		
Funding Source: Appropriated State:%			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals			
Does this Trip Require Executive Council Approval for Conference/Convention			
If Yes, Have You Received Approval? No: Yes: X If Yes, Date: 3/14/2011 Reason for Travel Waiver (Select one)			
☐ Fulfills statutorily required duties (Cite the specific statute)			
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
lowa is the first state to use the CSDC Amanda Licensing/ENF/CE Database and this is an opportunity to get other states informed of the advantage of			
the Database. The old Database is 10 years old and has not been supported for 2	years. This is an opportunity to obtain support for the process and		
assist us in keeping data current within the compact. Tools & techniques used to in	nprove Board business & technical functionality will be presented.		
Department Director Signature marian meas Mulson Date: 3/18/11			
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council
MAR 2 8 2011

000175

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

		and questions notes before	
Nun	mber of People on Trip: 1		
Nan	me of Person Attending: Sharon Dozier	Working Title: Professional Licensure Board Executive	
Dep	partment: IDPH	Division/Bureau/Section: APL Bureau of Professional Licensure	
Will	Il this trip require an overnight stay outside of lowa? No: 🖂	Yes: (If No, you do not need this waiver)	
City	y (Cities) Traveling To: Orlando, FL	Dates of Travel: April 6-10, 2011	
Fun	nding Source: Appropriated State:% Federal: (If the appropriated state fur	%Other: 100% If Other, Specify: Retained fees (IA Code 147.82) ads are 0% - you do not need this waiver)	
Tota	tal Projected Cost of Trip (Include Transportation, Mileage, Loc	Iging, Meals, Registration, Parking, etc): \$1987.76	
Doe	es this Trip Require Executive Council Approval for Conference	ee/Convention? No: ☐ Yes: ☒	
	es, Have You Received Approval? No: Yes: If ason for Travel Waiver (Select one)	Yes, Date: March 7, 2011	
	Fulfills statutorily required duties (Cite the specific statute)		
	Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweights the potential cost. See		
At th	he request of the Board of Psychology, Ms. Dozier will attend on th	eir behalf. It is particularly important at this time, because the board is	
cons	sidering a change in the licensure requirements that would have significantly chased.	gnificant administrative and policy impacts. A nonrefundable ticket has been	
Depa	,	Date: 3/15/11 cy director. Email a PDF of the form to executivecouncit@iowa.gov	
	Additional information to assist you in complete information to assist you in complete information to assist you in complete information.	ting this form. mation. Executive Council Approval	

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council



Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2		
Name of Person Attending: Mark Bowden Working Title: Executive Director, Iowa Board of Medicine		
Department: Iowa Department of Public Health Agency: Iowa Board of Medicine		
Will this trip require an overnight stay outside of lowa? No: Yes: X (If No, you do not need this waiver)		
City (Destination): Seattle, WA Dates of Travel: 4/26/2011 - 5/1/2011		
FSMB covering \$1,800 (88%); Board license fees covering Funding Source: Appropriated State:% Federal:% x Other: 100% If Other, Specify: \$234.17 (12%)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2070.17		
Does this Trip Require Executive Council Approval? No: Yes: X		
If Yes, Have You Received Approval? No: X Yes: \(\text{ Travel request submitted to IDPH 2/28/2011} \) Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See X the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
3 back-to-back mtgs: Midwest Licensure Portability Project; Administrators in Medicine (AIM); meeting of Federation of State Medical Boards (FSMB).		
lowa is stakeholder in Midwest project, which could lead to faster licensure of qualified physicians. AIM will include presentations on intrastate		
exchange of physician licensing information; FSMB will present model projects on physician licensure and regulation that could be applicable in Iowa.		
Department Director Signature Marian att Mich Mules Date: 3/18/11		
Agency Executive Director: Roule E. Bourley Mark Bowden, Iowa Board of Medicine 03/16/2011		
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED
Executive Council

MAR 2 8 2011

000177

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1		
Name of Person Attending: Dr. Mariannette Miller-Meeks, MD	Working Title: Director	
Department: Department of Public Health	Division/Bureau/Section: Director	
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)	
City (Cities) Traveling To: Washington, DC	Dates of Travel: March 5-11, 2011	
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: Expenses paid by ASTHO you do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals		
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: ☐ Yes: ⊠	
If Yes, Have You Received Approval? No: ☐ Yes: ☑ If Yes, Date: Reason for Travel Waiver (Select one)	03/01/11	
☐ Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the poter the current Executive Council Fact Sheet for qualifying criteria and provi information on the lines below.	ntial cost. See de that	
All expenses for this trip were paid for by the Association of State & T shared experiences between the health officials by bringing new state have faced similar challenges. She also received training to effectively ASTHO members the opportunity to personally meet with members of influence on public health issues.	health officials together with experienced colleagues who	
Department Director Signature Marianustte miller - M	Date: March 16, 2011	
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov	
	APPROVED Executive Council	

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

470. 3 Paper SS APPL SOUTHWARD STREET GROWN STREET GR	and the state of t
Number of People on Trip: /	
Name of Person Attending: Mary Masiman	Working Title: Deputy So S
Department: Secretary of State	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Auburn, Au	Dates of Travel: 3 May 15-22, 2011
Funding Source: Appropriated State: 5 % Federal: % [] . (If the appropriated state funds are 0% -	Other:% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	Registration, Parking, etc): 3, 802.40
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: 🗌 Yes: 🂢
If Yes, Have You Received Approval? No: 💢 Yes: 🗌 If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute)	
Has potential to bring cost savings or enhanced revenues to the state (C program that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel)	cite the specific povide an estimate
Has a benefit or potential benefit which significantly outweighs the potenthe current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below.	ntial cost. See
Nonrefundable ticket purchased bet	fore 3-7-2011 (purchased 3-2-11)
/ /	
Department Director Signature	Date: 03/21/11
This form must be signed by a department head or agency director.	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council

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000179

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2		
Name of Person Attending: Rosanne Mead	Working Title: Assistant Commissioner	
Department: Commerce	Division/Bureau/Section: Insurance	
Will this trip require an overnight stay outside of lowa? No: Yes: x	(If No, you do not need this waiver)	
City (Cities) Traveling To: Columbus, OH	Dates of Travel: 3/9/11-3/11/11	
Funding Source: Appropriated State:%		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): 482.82	
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: x Yes:	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute) 505.8 Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
Department Director Signature This form must be signed by a department head or agency director.	Date: 3/23/11	
Additional information to assist you in completing this for See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011.	orm. Executive Council Approval	

3/10/11

Thursday at 12:00 noon.

Out-of State Travel Waiver Request

If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.

The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

180

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4		
Name of Person Attending: Kenneth L. Williams	Working Title: Materials Technician 3	
Department: Transportation	Division/Bureau/Section: Highway/Statewide Ops./Materials	
Will this trip require an overnight stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)	
City (Cities) Traveling To: Denver, Colorado	_Dates of Travel: April 3-7, 2011	
Funding Source: X Appropriated State: 100% Federal:% Other:% If Other, Specify: (If the appropriated state funds are 0% - you do not need this waiver)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$832.50	
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: X Yes: □	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)		
X Fulfills statutorily required duties (Cite the specific statute) lowa Cod	e Section 313.12	
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
Employee will be taking the falling weight deflectometer pavement testing units to the closest Federal Highway Administration (FHWA) certified		
calibration facility prior to the start of testing season. Annual calibration is critical fo	r accurate test results and is required by FHWA when the data is	
to be used for project designs involving federal funds.		
Department Director Signature TyRichardson	Date: 3.18.11	
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000181

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4			
Name of Person Attending: Steven Boyens	Working Title: Materials Technician 3		
Department: Transportation	Division/Bureau/Section: Highway/Statewide Ops./Materials		
Will this trip require an overnight stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)		
City (Cities) Traveling To: Denver, Colorado	Dates of Travel: April 3-7, 2011		
Funding Source: X Appropriated State: 100% Federal:% (If the appropriated state funds are 0% -	Other:% If Other, Specify:you do not need this waiver)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$832.50		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: X Yes:		
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)			
X Fulfills statutorily required duties (Cite the specific statute) lowa Coo	de Section 313.12		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that			
information on the lines below.			
Employee will be taking the falling weight deflectometer pavement testing units to the calibration facility prior to the start of testing season. Annual calibration is critical for	ne closest Federal Highway Administration (FHWA) certified		
to be used for project designs involving federal funds.	Automatic feet receive and to required by F HWA when the data is		
Department Director Signature RyPuliarAsor	Date: 3 · 18 · 11		
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov		
Additional information to assist you in completing this for See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waived due to a convention/conference, note that both processes must be considered.	considered considered is the previous APPROVED Executive Council MAR 2 8 2011		
separately. See Fact Sheet for further explanation.			

000182

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4	
Name of Person Attending: Daniel Judge	Working Title: Materials Technician 3
Department: Transportation	Division/Bureau/Section: Highway/Statewide Ops./Materials
Will this trip require an overnight stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)
City (Cities) Traveling To: Denver, Colorado	Dates of Travel: April 3-7, 2011
Funding Source: X Appropriated State: 100% Federal:% [] (If the appropriated state funds are 0% -	Other:% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$832.50
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: X Yes: □
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)	
X Fulfills statutorily required duties (Cite the specific statute) lowa Cod	e Section 313.12
Has potential to bring cost savings or enhanced revenues to the state (C program that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel)	ite the specific ovide an estimate
Has a benefit or potential benefit which significantly outweighs the potenthe current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below.	ntial cost. See de that
Employee will be taking the falling weight deflectometer pavement testing units to the	ne closest Federal Highway Administration (FHWA) certified
calibration facility prior to the start of testing season. Annual calibration is critical for	r accurate test results and is required by FHWA when the data is
to be used for project designs involving federal funds.	·
Department Director Signature RyRichards an	Date:
This form must be signed by a department head or agency director.	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED

Executive Council

000183

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4		
Name of Person Attending: Brent Terry	Working Title: Materials Technician 4	
Department: Transportation	Division/Bureau/Section: Highway/Statewide Ops./Materials	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X	(If No, you do not need this waiver)	
City (Cities) Traveling To: Denver, Colorado	Dates of Travel: April 3-7, 2011	
Funding Source: X Appropriated State: 100% Federal:% [] (If the appropriated state funds are 0% -	Other:% If Other, Specify:	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$832.50	
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: X Yes: □	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)		
X Fulfills statutorily required duties (Cite the specific statute) lowa Cod	e Section 313.12	
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
Employee will be taking the falling weight deflectometer pavement testing units to the	e closest Federal Highway Administration (FHWA) certified	
calibration facility prior to the start of testing season. Annual calibration is critical for	accurate test results and is required by FHWA when the data is	
to be used for project designs involving federal funds.		
Department Director Signature Typichardan	Date: 3.18.11	
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov	
Additional information to assist you in completing this fo	erm. Executive Council	

See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Out-Of-State Travel Waiver Justification

000184

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3				
Name of Person Attending: Julian Downey	Working Title: Safety & Health Consultant			
Department: IWD	Division/Bureau/Section: Labor OSHA Enforcement			
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)			
City (Cities) Traveling To: Arlington Heights, Illinois	Dates of Travel: April 4-15, 2011			
Funding Source: Appropriated State: 50% Federal: 50% (If the appropriated state funds is 0% - y	Funding Source: Appropriated State: 50% Federal: 50% Other:% If Other, Specify:			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,165.00				
Does this Trip Require Executive Council Approval for Conference/Convention? No: 🖂 Yes:				
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)				
Fulfills statutorily required duties (Cite the specific statute) TED 01-0	0-018 Initial Training Program for OSHA Compliance Personnel			
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.				
Department Director Signature Level Wallert	Date: 3-16-11			
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000185

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3		
Name of Person Attending: Matthew Van Dyke	Working Title: Safety & Health Consultant	
Department: IWD	Division/Bureau/Section: Labor OSHA Enforcement	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: Arlington Heights, Illinois	Dates of Travel: April 4-15, 2011	
Funding Source: \boxtimes Appropriated State: $\underline{50}\%$ \boxtimes Federal: $\underline{50}\%$ \square (If the appropriated state funds is 0% - y	Other:% If Other, Specify:	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$2,165.00	
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: ⊠ Yes: □	
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
Department Director Signature Luca Wakleut This form must be signed by a department head or agency director. E		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000186

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

25%	
Number of People on Trip: 3	
Name of Person Attending: Marion Mealey	Working Title: Safety & Health Consultant
Department: IWD	Division/Bureau/Section: Labor OSHA Enforcement
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Arlington Heights, Illinois	_ Dates of Travel: April 4-15, 2011
Funding Source: Appropriated State: 50% Federal: 50% (If the appropriated state funds is 0% - ye	Other:% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	· · · · · · · · · · · · · · · · · · ·
Does this Trip Require Executive Council Approval for Conference/Conventio	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Ciprogram that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potenthe current Executive Council Fact Sheet for qualifying criteria and providinformation on the lines below.	ovide an estimate
Department Director Signature Luca Walled This form must be signed by a department head or agency director. E	
Additional information to assist you in completing this for	rm. Executive Council Approval

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification



This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Krista.tanner@iub.iowa.gov
Name of Person Attending: Krista Tanner	Working Title: Board member
Department: Commerce	Division/Bureau/Section: lowa Utilities Board
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Washington, DC	Dates of Travel: April 5-6, 2011
Funding Source: Appropriated State: —% Federal: —% (If the coding for the travel claim is appropriation	Other: 100% If Other, Specify: Commerce Revolving Fund
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$841.60	
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: □ If Yes, Have You Received Approval? No: □ Yes: □ If Yes, Date:	
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state. (Coprogram that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel.)	ovide an estimate
Has a benefit or potential benefit which significantly outweighs the potenthe current Executive Council Fact Sheet for qualifying criteria and providinformation on the lines below.	etial cost. See de that
Board member Tanner has been asked by the Federal Communications Commission	on to participate in the first of a series of workshops on
intercarrier compensation and universal service fund reform. The April 6th workshop	will focus on intercarrier compensation, including phantom
traffic and access stimulation. Access stimulation is an arbitrage scheme that takes	advantage of intercarrier compensation rates. Access
stimulation imposes undue costs on consumers, inefficiently diverts capital away from	m productive uses such as broadband deployment, and harms
competition. The FCC has specifically requested that Board member Tanner participates the second sec	pate in the workshop because lowa has been at the forefront
of the access stimulation issue. The IUB was the first state commission to issue a ru	lling on access stimulation and it is the only state commission
to promulgate rules aimed at curtailing the practice.	
Department Director Signature:	Date: 3 - 2 1 - 1
Department Director Printed Name: Robert B. Berntsen	
This form must be signed by a department head as assessed in the	- "

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000188

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Darrell.hanson@iub.iowa.gov
Name of Person Attending: Darrell Hanson	Working Title: Board member
Department: Commerce	Division/Bureau/Section: Iowa Utilities Board
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)
City (Cities) Traveling To: Aspen, Colorado	Dates of Travel: May 21-25, 2011
Funding Source: Appropriated State: —% Federal: —% C (If the coding for the travel claim is appropriation	Other: 100% If Other, Specify: Commerce Revolving Fund 0000-you do no need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals,	500 C C C C C C C C C C C C C C C C C C
Does this Trip Require Executive Council Approval for Conference/Convention If Yes, Have You Received Approval? No: Yes: If Yes, Date:	n? No: ⊠ Yes: □
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state. (C program that will receive the cost savings or enhanced revenues and pro of the saving or revenues attributable to the travel.)	ite the specific vide an estimate
Has a benefit or potential benefit which significantly outweighs the poten the current Executive Council Fact Sheet for qualifying criteria and provious information on the lines below.	tial cost. See de that
Institute for Regulatory Law and Economics Conference sponsored by the University	of Colorado Silicon Flatirons Center. Essential for Board members
to understand the economic forces that operate on utility companies and customers,	as well as the legal framework of utility regulation. The Institute
trains utility regulators to meet this responsibility by using important tools from neocla	assical economics, new institutional economics, public choice
theory, and experimental economics demonstrations, while also providing instruction	on recent trends in utility law and policy. The Institute pays for
airfare, lodging, and conference meals; the registration fee is paid by attendees and	covers the cost of reading materials and instruction.
Department Director Signature:	Date: 3 7-11
Department Director Printed Name: Robert B. Berntsen	
This form must be signed by a department head or agency director. E	mail a PDF of the form to executivecouncil@iowa.gov

APPROVED Executive Council MAR 2 8 2011

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below

Flease answer and the questions hated below.
Number of People on Trip: 1 Contact E-mail: Melissa.Speed@dnr.iowa.gov
Name of Person Attending: Mike McGhee Working Title: Executive Officer DNR Lake Restoration
Department: Iowa Department of Natural Resources Division/Bureau/Section: Con/Rec/Fisheries
Will this trip require an overnight stay outside of lowa? No: 🗌 Yes: 🔀 (If No, you do not need this waiver)
City (Cities) Traveling To: Madison, Wisconsin Dates of Travel: 04/03/11-04/05/11 (If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State:%
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$325.00
Does this Trip Require Executive Council Approval for Conference/Convention? No: X Yes:
If Yes, Have You Received Approval? No: Yes: If Yes, Date:
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)
Mr. McGhee is a regional director for the North American Lake Management Society representing Iowa and three other states. Technical information
gathered at this meeting will benefit lowa's Lake Restoration Program. Mike will also meet with EPA federal employees to explore federal cost/share
opportunities.
Department Director Signature: 14 A 4/1202 Date: 3-23-11
Department Director Printed Name: Roger L. Lancle
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov
Executive Council Approval
Additional information to assist you in completing this form.

See Fact Sheet for more complete informa

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

000190

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2 (1 Board Member)	-
Name of Person Attending: Kent Nebel	Working Title: Legal Director, Iowa Board of Medicine
Department: Iowa Department of Public Health	Agency: lowa Board of Medicine
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: x	(If No, you do not need this waiver)
City (Destination): Washington, D.C.	Dates of Travel: 3/9/11 – 3/11/11
Funding Source: Appropriated State: — Federal: — X (If the appropriated state funds are 0%	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): \$1,029.55
Does this Trip Require Executive Council Approval?	No: x Yes: □
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
☐ Fulfills statutorily required duties (Cite the specific statute)	
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)	
Has a benefit or potential benefit which significantly outweighs the pot the current Executive Council Fact Sheet for qualifying criteria and proinformation on the lines below.	ential cost. See vide that
The lowa Board of Medicine is reviewing telemedicine practices to determine if sta	stutes, administrative rules or policy statements are poeted
to provide guidance to lowa-licensed physicians who use telemedicine in their practices are the control of the	ctice. The Federation of State Medical Boards is facilitating a
nationwide discussion on potential model policies, rules and laws for adoption at the	ne state level
Department Director Signature Mariannetto Milas, Muchos	Date: 3/18/11
Agency Executive Director: Roule & Bowler Mark Bowden, Iowa Boa	
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov
Addison	Executive Council Approval
Additional information to assist you in completing this to See Fact Sheet for more complete information.	orm.
This waiver is required by HF45 from March 7 until June 30, 2011	
If no overnight stay is required at a location out-of-state, the travel is	s considered APPROVED
incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver	Executive Council
mursday at 12.00 noon.	WAR 2.8 /1111
If your travel requires both Executive Council approval and the waive due to a convention/conference, note that both processes must be a separately. See Fact Sheet for further explanation.	as justification

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

V _a	25.
Number of People on Trip: 2	Contact E-mail: michelle.mcenany@dot.iowa.gov
Name of Person Attending: Kristin Haar	Working Title: Transportation Planner
Department: Transportation	Division/Bureau/Section: Planning, Programming and Modal
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)
City (Cities) Traveling To: St. Louis, MO	Dates of Travel: 4/4 through 4/8
Funding Source: Appropriated State: 100% Federal:% [] (If the coding for the travel claim is appropriation	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	Registration, Parking, \$756.31
Does this Trip Require Executive Council Approval for Conference/Convention If Yes, Have You Received Approval? No: Yes: If Yes, Date:	n? No: ⊠ Yes: □
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state. (C program that will receive the cost savings or enhanced revenues and program that will receive the cost savings or enhanced revenues and program that will receive the cost savings or enhanced revenues and programate of the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outweighs the potential that current Executive Council Fact Sheet for qualifying criteria and provint information on the lines below. Travel is necessary to attend training on federal program requirements governing the	ntial cost. See
Transit is responsible for the administration of federal funding under lowa Code 324 of all federal program requirements, including the Federal Transit Administration's Description responsibility. Streeparna Mitra and Kristin Haar are responsible for the oversight of the federal oversight requirements. This training represents the first opportunity for Federal Transit Administration. The state is subject to suspension of federal funding approximately \$77 million annually from the Federal Transit Administration for public	A. 49 USC Part 655.81 requires the lowa DOT certify compliance brug and Alcohol program., through the state's assigned oversight of the Drug and Alcohol program. They have not been trained on such training. This training is provided free of charge by the g if non-compliance is determined. Currently, the state receives
Department Director Signature: Wy Cichardson	Date: 3.22.11
Department Director Printed Name: Nancy Richardson	# # # **
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov
 Additional information to assist you in completing this for See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waive 	considered is the previous APPROVED Executive Council MAR 2 8 2011

3/15/11

due to a convention/conference, note that both processes must be completed

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

000192

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: michelle.mcenany@dot.iowa.gov	
Name of Person Attending: Sreeparna Mitra	Working Title: Transportation Planner	
Department: Transportation	Division/Bureau/Section: Planning, Programming and Modal	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: St. Louis, MO	Dates of Travel: 4/4 through 4/8	
Funding Source: Appropriated State: 100% Federal:% [] (If the coding for the travel claim is appropriation)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, \$939.52	
Does this Trip Require Executive Council Approval for Conference/Convention If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:	on? No: ⊠ Yes: □	
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
Travel is necessary to attend training on federal program requirements governing the Drug and Alcohol program. The lowa DOT Office of Public Transit is responsible for the administration of federal funding under lowa Code 324A. 49 USC Part 655.81 requires the lowa DOT certify compliance of all federal program requirements, including the Federal Transit Administration's Drug and Alcohol program, through the state's assigned oversight responsibility. Sreeparna Mitra and Kristin Haar are responsible for the oversight of the Drug and Alcohol program. They have not been trained on the federal oversight requirements. This training represents the first opportunity for such training. This training is provided free of charge by the Federal Transit Administration. The state is subject to suspension of federal funding if non-compliance is determined. Currently, the state receives approximately \$77 million annually from the Federal Transit Administration for public transit assistance.		
Department Director Signature: Typickardson Date: 3.22.11		
Department Director Printed Name: Nancy Richardson	_	
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov	
Additional information to assist you in completing this See Fact Sheet for more complete information.		
 This waiver is required by HF45 from March 7 until June 30, 2011. 	APPROVED Executive Council	
 If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. 	s considered	
 The Council meets each Monday at 10:00 a.m. Deadline for waiver Thursday at 12:00 noon. 	is the previous MAR 2 8 ZUII	
If your travel requires both Executive Council approval and the wait due to a convention/conference, note that both processes must be separately. See Eart Sheet for further explanation.		

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EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	
Name of Person Attending: Dan Franklin	Working Title: Director, Office of Policy and Leg. Services
Department: Transportation (DOT)	Division/Bureau/Section: Operations and Finance
Will this trip require overnight stay outside of lowa? No: \(\subseteq\) Yes:	(If No, you do not need this waiver)
City(Cities) Traveling To: Dallas, TX	Dates of Travel: April 17 & 18, 2011
Funding Source: Appropriated State: 100 % Federal: % (If the appropriated state funds are 0% - you of	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Regi	istration, Parking, etc): \$685.00
Does this Trip Require Executive Council Approval for Conference/Convention?	No: Yes: 🗵
If Yes, Have you Received Approval? No: Yes: HYes, Date:	
Reason for Travel Waiver (Select One)	
Fulfills statutorily required duties (Cite the specific statute)	w a.
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.	6
Attend a meeting of state transportation officials to discuss and draft recommendations fo program, review funding options to fill the gap between funding needs and current revenu association's Board of Directors. Final authorization legislation, when enacted by Congre for the next five or six years.	ues and develop draft recommendations for action by the
Department Director Signature This form must be signed by a department head or agency director. Email	
	2017/2017

APPROVED Executive Council

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EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	
Name of Person Attending: Patrick Madigan Wo	orking Title: Assistant Altorney Conra
Department: Justice Div	vision/Bureau/Section: Consumer
Will this trip require an overnight stay outside of Iowa? No: Yes: If	No, you do not need this waiver)
City (Cities) Traveling To: Washington, D.C. Da	tes of Travel: 3/29 - 3/30 , 2011
Funding Source: Appropriated State: 10% Federal: _% Other (If the appropriated state funds is 0% - you do	lo not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Re	gistration, Parking, etc): \$3,690
Does this Trip Require Executive Council Approval for Conference/Convention?	No: Yes:
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute) Town	Code 12.7.(N(b)
Has potential to bring cost savings or enhanced revenues to the state (Cite to program that will receive the cost savings or enhanced revenues and provide of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential the current Executive Council Fact Sheet for qualifying criteria and provide to information on the lines below.	he specific e an estimate cost. See
Department Director Signature This form must be signed by a department head or agency director. Em	ate: 3/9/// ail a PDF of the form to executivecouncil@iowa.gov
· · · · · · · · · · · · · · · · · · ·	Executive Council Approval
Additional information to assist you in completing this form See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011.	APPROVED
 If no overnight stay is required at a location out-of-state, the travel is cor 	nsidered Executive Council
 incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the 	ne previous MAR 2 8 2011
Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waiver judue to a convention/conference, note that both processes must be compared to the convention of	stification

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	
Name of Person Attending: Tam Ormiston	Working Title: Deputy After new General Division/Bureau/Section: Main Office
Department: Justice	Division/Bureau/Section: Main Office
Will this trip require an overnight stay outside of lowa? No:	(If No, you do not need this waiver)
City (Cities) Traveling To: Washington, D.C.	Dates of Travel: 3/36 3/30, 2011
(If the appropriated state funds is 0% -	Other: _% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): 43, 690
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: Yes:
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute)	
Has potential to bring cost savings or enhanced revenues to the state (program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the pote the current Executive Council Fact Sheet for qualifying criteria and pro- information on the lines below.	ential cost. See
Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov	
	Executive Council Approval
 Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Thursday at 12:00 noon. 	is considered APPROVED Executive Council
 If your travel requires both Executive Council approval and the wai due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation. 	ver justification completed